



# Family Group Decision Making



Becky House & Latesia Morris  
Kent School of Social Work  
University of Louisville



# Introduction and Background

- Started in New Zealand in the 1980's
- Was implemented at the Cabinet for Families and Children in 1998
- Empowers families to make decisions about their children instead of leaving it to legal authorities and service providers
- A conference is planned to help families make a permanent and stable plan for their children.
- Conferences are initiated by a referral source and coordinated by a facilitator.
- Conferences include identifying strengths, concerns, and ideas.
- A plan is agreed upon during the one-time conference.
- Participants include immediate and extended family, service providers, and family-identified support persons.



# Quantitative Research Questions

- How *aware* are social workers of the FGDM program?
- How *satisfied* are social workers with FGDM conferences?
- What are the *barriers* to referring and using the FGDM program?
- *What* social workers are using the FGDM program?



# Research Design & Sample

- Non-experimental
- Purposive sample of 211 P&P workers
- 40-item survey
- 78 returned surveys
- 37% return rate
- One wave of data collection
- Variables measured on a five-point Likert scale
- 15 Awareness questions
- 3 Satisfaction questions
- 7 Barriers questions
- 4 Usage questions

# Demographics

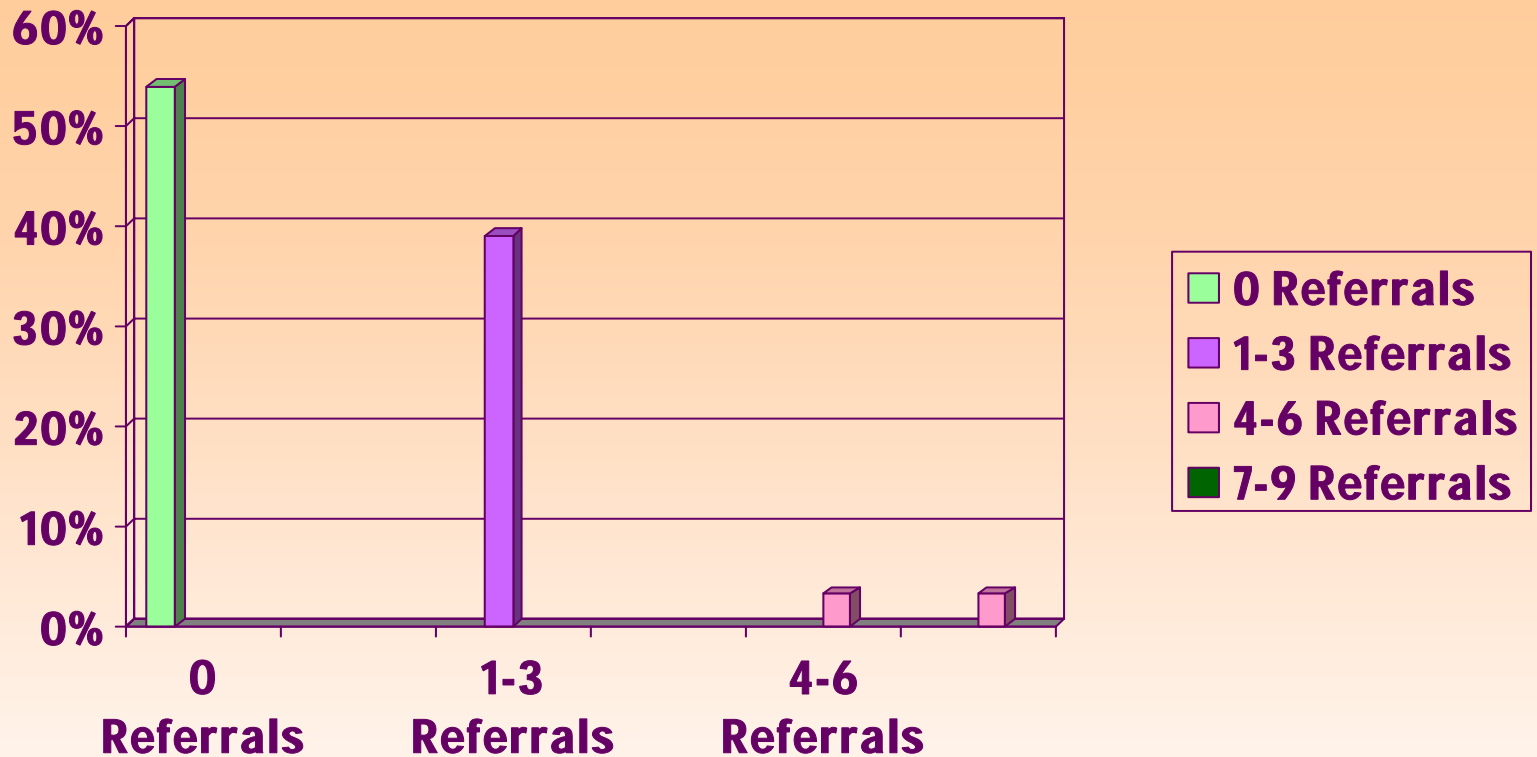
## Job Classification

- Social Services Clinician I & II 51.3%, Social Services Worker I & II 29.4% Social Services Specialist 5.1%
- 52.1% worked 5 or more years  
47.9% worked less than 5 years

## Area of Work

- Ongoing 34.7%
- Intake & Investigations 25%
- Adolescents 16.7%
- Adoptions 15.3%
- Other 8.3%

# Demographics



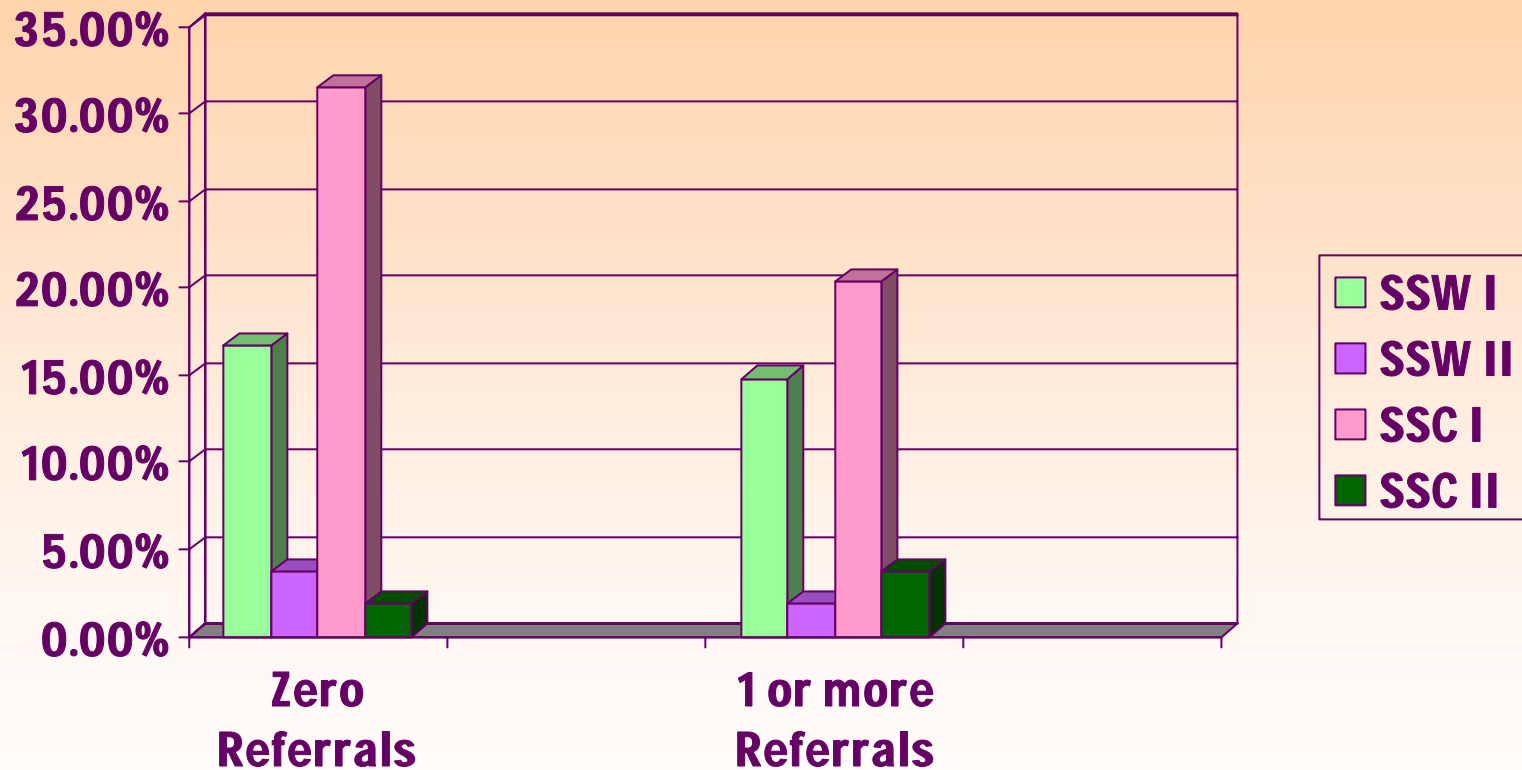
Mean Familiarity with FGDM = 3.16

Not familiar = 19%

Somewhat familiar = 28.6%

Very Familiar = 20.6%

# Job Classification and Referrals



# How aware are social workers with FGDM program?

	Mean	St. Dev.
Family issues	3.4	1.4
Conference logistics	3.2	1.4
Philosophy& participants		
strength-based	3.9	1.5
extended family	3.9	1.5
Outcomes	3.6	1.5

On a scale of 1-5, 1=Not Aware, 3=Somewhat Aware, 5=Very Aware



# Does number of referrals make a difference in awareness?

	Have		Have Not		
	Mean/St. Dev.		Mean/St. Dev.		T-test
Family Issues	4.3	.82	2.8	1.5	-4.96**
Conference logistics	4.1	.70	2.6	1.4	-5.28**
Philosophy & Participants					
strength-based	4.8	.52	3.2	1.7	-4.52**
extended family	4.7	.66	3.2	1.7	-4.58**
Outcomes	4.2	.99	3.0	1.6	-3.53**

\*\*p<.001



# How Satisfied are Workers?

	Mean	St. Dev.
Satisfaction with process	3.4	1.3
Satisfaction with end result	3.4	1.2
Success with families	3.2	1.3

Likert scale 1-5 (1=not satisfied, 5=very satisfied)

# What are the barriers to referring?

	Mean	St. Dev.
I tend to refer same resources	2.8	1.2
If I had more time	2.4	1.3
I tend to forget	2.3	1.3
My high caseload interferes	2.2	1.4
My supervisor encourages me	2.1	1.1
The conferences are long	2.0	1.3
Referrals discussed in team meetings	1.9	1.0

Is there a difference in have and have not referred? For those who *have* referred there is a significant difference for social workers who were encouraged by supervisors, referrals discussed in team meetings, and "if I had more time."



# Quantitative Discussion

- Social workers appear to be somewhat aware of FGDM.
- Referral rates have an affect on awareness.
- Social workers are somewhat satisfied with FGDM.
- There were no significant barriers to referring to FGDM.
- FGDM is being used by workers in all job classifications.



# Implications

- FGDM should target and promote the program to supervisors.
- Market FGDM by providing continuing education on the process, program, and usage.
- Social workers appear to be aware of strength-based model used in FGDM.



# Qualitative Questions

- How did you first learn about FGDM?
- What was your experience with FGDM?
- Have you spoken to any of your co-workers who have used FGDM?
- What types of clients would you refer?
- What determines to what resources you refer your clients?
- What factors deter you from referring to FGDM?
- What stressors do you face that may influence your referring to FGDM?
- What benefits do you see from referring your clients to FGDM?
- How would you improve the FGDM program?



# Design and Sample

- Semi-structured interview
- Sample size of 9 Protection and Permanency workers
- Interviewed 5 who have referred and 4 who have not referred to FGDM.
- Tesch's analysis approach



# Themes and Quotes

## FGDM Empowers Families

"Everyone gets a voice in what is going to happen."

"Everyone is on equal grounds."

"The family is more invested in the plan if they make the plan."

"They feel like their voice is heard and some action is going to be taken on their behalf. It also creates trust between the agency and the family."





# Themes and Quotes

## Types of Clients Referred

"I would refer large families who have many opinions that need to be heard." This may prevent miscommunication between the agency and the family."

"Families that are having problems but may remain together. FGDM can help alleviate the problem that may be putting children at risk."

"I would refer families where the case is not cut and dry. Where there are many differences of opinions."



# Themes and Quotes

## Stressors that deter from referring to FGDM

"Lack of time due to caseload mandates. If there is a push to close cases I may not refer because of the time factor."

"If I need to do something swiftly with the case in order to transfer to an ongoing worker I may not refer."

"Length of time it takes to set up the conference may prevent me from referring to FGDM."



# Recommendations

- Workers need to be given the option to choose the facilitator.
- Workers need to be informed of FGDM staff.
- Workers need timely contact from facilitator.
- Workers need knowledge of referral process.
- Workers need to provide proper information on the families to ensure timely contact.
- Facilitators need to be skilled in leading groups.



# Discussion of Qualitative

- FGDM is a positive experience for those who have referred.
- The re-occurring barrier is timeliness.
- FGDM provides a forum to strengthen and empower families to make decisions regarding their children.
- FGDM aids in communication between families, service providers, and social workers.
- Many thoughtful recommendations were shared that warrant consideration.



# Strengths and Weaknesses

- **Weaknesses**

- Age, gender and race demographics were removed by Cabinet IRB.
- Job satisfaction question was removed by Cabinet IRB.
- Survey was difficult to design.
- Timing of survey.
- Workers canceling interviews .

- **Strengths**

- Good return rate
- Honesty of social workers.
- Social Workers were positive about FGDM.
- Survey not only measured awareness but provided information about FGDM.
- Results of study will be used by FGDM to improve the program.



# Implications for Practice

- FGDM is successful at empowering families.
- FGDM is successful with workers because of shared responsibilities.
- FGDM coordinators/facilitators need to be aware of social workers' time constraints.
- Publicity of FGDM needs to be ongoing and consistent.